

ATTACHMENT H

CLOSURE/DENIAL REASONS

The following codes should be used when closing a member's service plan.

<u>Code</u>	<u>Closure/Denial Reason</u>
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| 1 | Client does not meet medical/functional PAS criteria of AHCCCS (ARS § 36-2936) |
| 2 | Client becomes financially ineligible |
| 3 | Client becomes financially and medically ineligible |
| 4 | Client's needs have been met and service is no longer required |
| 5 | Client's requests suspension or termination of service; request client signature |
| 6 | Client moved out of provider's service area |
| 7 | Client died |
| 8 | Client moved out of state |
| 9 | Contact with client has been lost |
| 10 | Provider has been changed |
| 11 | No service is available |
| 12 | Another source is available |
| 13 | Client's caregiver/family is able to take over |
| 14 | Client discharge to home |
| 15 | Client left against medical advice |
| 16 | Client discharged to other |
| 17 | Client needs a higher level of care |

- 18 Client needs a lower level of care
- 19 Hospitalization
- 20 Covered by Medicare
- 21 Client refused services
- 22 Assessment only - completed
- 23 The service line is a mistake, ignore.
- 50 Changes have been made to the service line. However, service line is to be included for claims processing.

Refer to [Chapter 1600](#), Case Management, in this manual for information regarding monitoring of the member's service plan